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Printed/Typed Name 6(177 K.Topp/ Kris L. Anderson Agent for M.D.A.C.	Signature	K.Tunn	Month Day Year
17. Transporter 1 Acknowledgement of Receipt of Materials	K	17/1	
Printed/Typed Name	Signature		Month Day Year
18. Transporter 2 Acknowledgement of Receipt of Materials			
Printed/Typed Name	Signature		Month Day Year
19. Discrepancy Indication Space			

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Month Day

DHS 8022 A (1/88)

(Rev. 9-88) Previous editions are obsolete

Do Not Write Below This Line